Washington State Domestic Violence and Pregnancy Facts

June 2006

TO PROVIDE HEALTH CARE PROFESSIONALS (PHYSICIANS, MIDWIVES, NURSES, NUTRITIONISTS, SOCIAL WORKERS) WITH BASIC INFORMATION TO INCREASE THE SAFETY OF WOMEN EXPERIENCING DOMESTIC VIOLENCE DURING PREGNANCY.

Provider Resources:

Physicians Insurance: A Mutual Company

Templates for two prenatal record forms are available on their website: **www.phyins.com/pi/risk/resource.html**

Washington State Coalition Against Domestic Violence

General information, training, resources for health care providers, and "Voices of Survivors" video.

Phone: 206-389-2515 x104, TTY 206-389-2900 or their website: **www.wscadv.org**

DOH Community Partnership Against Sexual and Domestic Violence

DV and Pregnancy: Guidelines for Screening and Referral - order form available on website: **www.doh.wa.gov/cfh/mch/perinatal_ partners_against_dv.htm**

DSHS Pocket Safety Cards

Can be placed in provider office, lobby, or restrooms to provide brief safety planning.

Available in Cambodian, Chinese, English, Korean, Laotian, Russian, Spanish and Vietnamese.

Order on-line at no cost to you at: **www.prt.wa.gov … click on** General Store, then register, shop by item type, click on cards and bookmarks, look for Publication No 22-276, specify language, and order.

Domestic Violence

A pattern of assaultive and coercive behaviors that include physical, sexual, and psychological attacks, and economic coercion. The lack of well-established instruments for measuring psychological abuse, such as threats, denigrating remarks, or controlling economic or immigration status, limits most prevalence statistics to identifying physical assaults, although physical violence is just one aspect of domestic violence.

Prevalence

Nationally, estimates for assaults to pregnant women range from 1 - 20% depending upon the study definition of assaults and the population studied (Saltzman et al., 2003). Washington State tracks prevalence using PRAMS* Survey data. In 2003, approximately 5% of pregnant women reported being physically abused by their husband or partner during the 12 months before becoming pregnant. During and after their pregnancy, this figure was 4%. This translates to approximately 5,000 women per year around the time of pregnancy.

What Health Care Providers Can Do

The most critical intervention a provider can do is:

ASK EVERY PATIENT, when the patient is alone, questions about domestic violence. Screen all pregnant women ***every trimester and postpartum*** using the Physicians Insurance Prenatal Record questions.

ASSURE SAFETY WHEN VIOLENCE IS DISCLOSED

- Acknowledge the person's courage
- Be supportive
- Explain confidentiality of records
- Assure safety by asking:
  - Is your partner here?
  - Is it safe to leave the office?
  - Are you safe to go home?
- Review the DSHS Pocket Safety Card (*See left column.*)
- Provide a safe place for the patient to contact the State Domestic Violence Hotline: **1-800-562-6025** (V/TTY)

REFER women who report domestic violence to resources as part of a safety plan. (*See reverse for client referral resources.*)

Client Referral Resources—What to Expect

Washington State Domestic Violence Hotline

1-800-562-6025 (V/TTY)

- 24-hour general information and referral to local domestic violence resources for victims, the general public, and professionals.

Local Domestic Violence Agencies

www.wavawnet.org provides a listing of local agencies and the services they provide. Identify your community's resources and place materials in your waiting areas and restrooms.

- Advocacy services provide problem solving, safety planning, issue clarification, decision making skills, and ongoing support.
- The advocate is required to keep information confidential (including if the referred person obtains services) for safety purposes.

First Steps Program

http://fortress.wa.gov/dshs/maa/firststeps

- The First Steps Program can be a good referral source for linking low income (up to 185% of poverty level) pregnant women to services.

PRAMS (Pregnancy Risk Assessment Monitoring System) is an ongoing population-based surveillance system sponsored by the Centers for Disease Control and Prevention. It surveys new mothers who are representative of all registered births to Washington State residents. The Washington State Department of Health has been collecting PRAMS data since 1993. For more information, contact MCH Assessment at 360-236-3533 or visit the website at:* **www.doh.wa.gov/cfh/prams

Why Ask? Why Refer?

SAFETY: Studies indicate

- Women who experience physical abuse are at higher risk for miscarriages and may be at higher risk for low birth weight babies (Boy and Salihu, 2004, Murphy et al., 2001).
- Estimates of the co-occurrence of domestic violence and child abuse range from 30% to 60% (Edleson, 2001). This variation depends upon the study samples and definitions of child abuse and domestic violence and measures used.

SUPPORT: Survivors of abuse ("*The Voices of Survivors: DV Survivors Educate Physicians*", WSCADV video available at: **www.wscadv.org**) indicate that

- Asking about domestic violence in a confidential, private setting by a health care provider is viewed as a helpful, caring intervention.
- Knowing a health care provider is open to talking about abuse helped survivors to eventually address the issue.

BEST PRACTICE: In 2003, 61% of Pregnancy Risk Assessment Monitoring System (PRAMS)* respondents indicated that they had been asked by their prenatal care provider if someone had hurt them.

The following organizations support universal screening with position papers:

- American Medical Association (AMA) **www.ama-assn.org**
- American College of Obstetricians and Gynecologists (ACOG) **www.acog.org**
- American Academy of Family Physicians (AAFP) **www.aafp.org**
- American Nurses Association (ANA) **www.ana.org**

References and Suggested Reading

**Bonomi AE, Thompson RS, Anderson ML, et al. Intimate partner violence and women's physical, mental and social functioning. In press, *Am J Prev Med* 2006; 30:458-466.

**Boy A, Salihu HM. Intimate partner violence and birth outcomes: a systematic review. *Int J Fertil Womens Med* 2004; 49:159-164.

Edleson, JL. Studying the co-occurrence of child maltreatment and woman battering in families. In SA Graham-Bermann and JL Edleson (Eds.), *Domestic violence in the lives of children: The future of research, intervention and social policy.* (pp. 99-110) Washington, DC: *American Psychological Association*, 2001.

**Lipsky S, Holt VL, Easterling TR, et al. Impact of police-reported intimate partner violence during pregnancy on birth outcomes. *Obstet Gynecol* 2003; 102:557-64.

** Murphy CC, Schei B, Myhr T, et al. Abuse: a risk factor for low birth weight? A systematic review and meta-analysis. *Can Med Assoc J* 2001; 164:1567-1572.

**Saltzman LE, Johnson CH, Gilbert BC, et al. Physical abuse around the time of pregnancy: an examination of prevalence and risk factors in 16 states: *Matern Child Health J 2003*; 7:31-42.

**Thompson RS, Bonomi AE, Rivara FP, et al. Partner Violence: Prevalence, Types, Chronicity Across Adult Women's Lifetimes. In press, *Am J Prev Med* 2006; 30: 447-457.

** Locate at: **www.ncbi.nlm.nih.gov/entrez/query.fcgi**

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